

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.
097914482

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3							52						
4		2					53						
5							54						
6		2					55						
7							56						
8		2					57						
9							58						
10		2					59						
11							60						
12		2					61						
13							62						
14		2					63						
15							64						
16		2					65						
17							66						
18		2					67						
19							68						
20		2					69						
21							70						
22		2					71						
23							72						
24		2					73						
25							74						
26		2					75						
27							76						
28		2					77						
29							78						
30		2					79						
31							80						
32		2					81						
33							82						
34		2					83						
35							84						
36		2					85						
37							86						
38		2					87						
39							88						
40		2					89						
41							90						
42		2					91						
43							92						
44		2					93						
45							94						
46		2					95						
47							96						
48		2					97						
49							98						
50		2					99						
TOTAL IND.	1						100						
TOTAL DEP.		22					TOTAL IND.						
TOTAL CLAIMS		23					TOTAL DEP.						
							TOTAL CLAIMS						